



City of Rochester
Building Safety Department
2122 Campus Dr SE, Suite 300
Rochester MN 55904-4744
Phone: (507) 281-6133
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www.rochestermn.gov

MECHANICAL Permit Application

Office Use Only

(3/05)

App. No. _____

Date _____ Building Permit Application No. _____
(If this work is associated with a building permit)

Tenant/Building Name _____

Site Address _____
Number Street Suite/Unit No.

Subdivision and/or Addition	Block	Lot	Plat	Parcel

Applicant is: ☐ Owner ☐ Contractor ☐ Other (describe) _____

Property Owner

Name _____ Phone (____) _____
Last First MI
Address _____
City _____ State _____ Zip Code _____

Contractor

Company _____ Roch. Contr. # _____
Phone _____ - _____ - _____ Fax _____ - _____ - _____ E-mail _____
Name _____ Installer Contr. # _____
Last First MI
Address _____
City _____ State _____ Zip Code _____

Work Category (check one)

☐ New ☐ Alterations ☐ Move/Relocate
☐ Addition ☐ Tenant Finish ☐ Repair/Replacement

Permit Type

☐ Residential ☐ Commercial

Project Description

Description of Work _____

Valuation of Work

Total Valuation of Work \$ _____ (Materials and Labor)

Permit Fees

1. Application Fee \$ 25.00
2. Permit Fee* _____
3. State Surcharge _____
(.0005 X valuation)
Total Fees _____
Total of #1, 2 and 3 above

*Permit Fee Schedule:

Valuation	Permit Fee
\$1 to \$500	none
\$501 to \$1,000	\$10.00
\$1,001 and up	\$10.00 per \$1,000 or fraction thereof

Method of Payment:

☐ Check
☐ Cash
☐ Charge

PLEASE CONTINUE ON OTHER SIDE

System Type	<input type="checkbox"/> Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Refrigeration							
HEATING/COOLING EQUIPMENT PROVIDED Fill in the appropriate blanks in the table below.								
Make	Model No.	Combustion Air Size	Fuel	Flue Dia.	Input (BTU)	CFM	Tons	No. units
Chimney Liner Flue Diameter _____								
System Type	<input type="checkbox"/> Ventilation/Exhaust							
VENTILATION EQUIPMENT PROVIDED Check the boxes below that apply.								
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Bathroom/Water Closet Compartment <input type="checkbox"/> Domestic Kitchen Hood <input type="checkbox"/> Dryer/Laundry Room <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Commercial Kitchen Hood <input type="checkbox"/> Habitable Rooms/Public Corridors <input type="checkbox"/> Other _____ </div> </div>								
<p><i>I hereby apply for a mechanical permit and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and ordinances of the City of Rochester, including City Sales and Use Tax Ordinance 129.25. I understand this is not a permit but only an application for a permit, and work is not to start without a permit. I certify that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans).</i></p> <p><i>I hereby certify that I am properly registered and/or licensed as required by the State of Minnesota and/or the City of Rochester. Anyone not so licensed may do work on premises or that part of premises (not containing more than two units) owned and actually occupied by the worker as a residence.</i></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; text-align: center;"> _____ Applicant's Signature </div> <div style="width: 35%; text-align: center;"> _____ Date </div> </div>								